

543

Rössberger J¹, Fall M¹, Peeker R¹

1. Department of Urology

RECONSTRUCTIVE SURGERY IN INTERSTITIAL CYSTITIS

Hypothesis / aims of study

To evaluate the outcome after various types of reconstructive surgery in patients with classic and nonulcerous interstitial cystitis, IC.

Study design, materials and methods

45 patients, fulfilling the NIH/NIDDK criteria for IC, were evaluated retrospectively. They had all underwent reconstructive surgery between September 1978 and October 2003 due to failure to respond to conservative treatment. The surgical procedures were as follows: noncontinent ureteroenterocutaneostomy (13), supratrigonal cystectomy and ileocystoplasty (24), continent urinary diversion with a Kock pouch (7), and caecocystoplasty (1). The series comprised 33 patients with classic IC (26 women and 7 men) and 12 patients with nonulcer IC (10 women and 2 men). The symptoms pre- and postoperatively were assessed by preoperative interview, visual analogue scale for pain assessment, micturition diaries, urinalysis and urography. Data were obtained by surveying the clinical records

Results

For 27 of the patients with classic IC the surgical procedure resulted in complete symptom resolution. The remaining six patients could successfully be managed by simply avoiding maximal filling of the pouch, transurethral resection of ulcers in the trigone remnant or a supplementary diversion procedure. Only four of the 12 patients with nonulcer disease experienced symptom resolution after reconstructive surgery. It should be noted that three out of these four required a supravvesical diversion procedure, being unresponsive to supratrigonal cystectomy and ileocystoplasty.

Interpretation of results

Reconstructive surgery in refractory IC appears to be an appropriate last resort for patients with classic IC. For nonulcer IC, however, it seems to be less rewarding. The decision to embark upon major reconstructive surgery in IC patients should be preceded by a thorough preoperative evaluation, including assessment to the relevant subtype, i.e. classic or nonulcer IC.

Concluding message

A critical attitude to major surgery in non-ulcer IC is warranted.

The management of chronic interstitial cystitis by substitution cystoplasty. J Urol 1989;141(2):287-91.

Failure of combined supratrigonal cystectomy and Mainz ileocecocystoplasty in intractable interstitial cystitis: is histology and mast cell count a reliable predictor for the outcome of surgery? J Urol 1990;144(2 Pt 1):255-8.

Toward a precise definition of interstitial cystitis: further evidence of differences in classic and nonulcer disease. J Urol 2002;167(6):2470-2.

